PATENT APPLICATION FEE DETERMINATION RECORI Effective December 8, 2004  CLAIMS AS FILED - PART I								CORD	Ap //	Application or Docket Number			
		CLAIMS		Umn 1)	l 	(Column 2)		SMALL EN	YTITY	OR		R THAN ENTITY	
U.S. NATIONAL STAGE FEES							7	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL E	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE	-		BASIC FEE	1	
EXAMINATION FEE			Satisfies PC	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del> </del>	-	<del> </del>	<del> </del>	
SEARCH FEE .			U.S. is ISA = ALL other	= \$ 50 / \$ 100 countries = / \$ 400	Allo	other situations = \$ 250 / \$ 500		SEARCH FEE	-		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 =	1	X \$ 125 =	╁	-	V 0 050	<del> </del>	
TOTAL CHARGEABLE CLAIMS			7	ninus 20 =	*		1	X \$ 25 =	<del> </del>	-	X \$ 250 =	<b> </b>	
INDEPENDENT CLAIMS			12	minus 3 =			1	<b></b>	<del> </del>	OR	X \$ 50 =	<del> </del>	
MUI	LTIPLE DEPE	NDENT CLAIM P	LL// RESENT				ł	X \$ 100 =	<del> </del>	OR	X \$ 200 =	<u> </u>	
							j	+ \$ 180 =		OR.	+ \$ 360 =		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	+ \$ 180 =		OR	+ \$ 360 =		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	<del></del>	
		(Column 1)		(Columr	. 21	(Calum- 2)					FEE		
	· · · · · · · · · · · · · · · · · · ·	CLAIMS	•	HIGHES	•	(Column 3)	г			_			
EN B	·	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MICINDINIEN	Total	*	Minus	**		=	Γ	X \$ 25 =		OR	X \$ 50 =		
	ndependent	•	Minus	***		=		X \$ 100 =		OR -	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	+ \$ 180 =		-	+ \$ 360 =		
							L	OTAL ADDIT.		L	OTAL ADDIT.		
								FEE L		OIX	FEE L		
												Ī	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the correction to